This form is to be completed and submitted each quarter along with the master reports

Embalmer Report

Apprentice Name

Master's Name

Funeral Home Name

Current month in apprenticeship

Identification

Name of the deceased

Date of death

Sex

Age

Feature Setting

Check all that apply

Teeth (Upper) ☐ Natural ☐ False ☐ None

Teeth (Lower) ☐ Natural ☐ False ☐ None

Condition of Body Prior to Embalming

Check all that apply:

- ☐ Evidence of disease
- ☐ Gas
- ☐ Skin Slip
- ☐ Evidence of Surgery
- ☐ Tumors
- ☐ Rigor Mortis
- ☐ Other
- ☐ Eruptions
- ☐ Emaciation
- ☐ Mutilations
- ☐ Post-mortem Pigmentation
- ☐ Evidence of External Wound
- ☐ Ulceration

Autopsy (Type)

Organs or body parts donated

Embalming

Name of Embalmer

Time elapsed between death and embalming

Arteries used in injection

Fluids used (trade name)

Fluids continued ☐ Pre-Injection ☐ Arterial ☐ Cavity

Cavity Fluids (oz injected undiluted)

Parts receiving poor circulation

Treatment

Restorative art treatment

Cosmetics used

Length of time to complete operation

Describe what was unique about the embalming. What problems did you encounter? Were there any circulatory problems? If this was a difficult embalming, why?

Condition of Body: Post Embalming

Condition of body

Indicate your level of participation in each task on this case: (P) Performed (A) Assisted (O) Observed (N) No involvement

Apprentice Participation

	Performed	Assisted	Observed	No Involvement
Verified permission to embalm from authorizing	○	○	○	○
Used universal precautions	○	○	○	○
Transfer from stretcher or cot to preparation table	○	○	○	○
Positioned on preparation table	○	○	○	○
Pre-embalming analysis	○	○	○	○
Bath, shampoo, and disinfect	○	○	○	○
Set facial features	○	○	○	○
Discussed and selected injection and drainage sites and methods	○	○	○	○
Discussed and selected techniques for raising vessels	○	○	○	○
Operated and maintained embalming machine	○	○	○	○
Machine maintenance	○	○	○	○
Discussed and selected aspiration techniques	○	○	○	○
Discussed and selected cavity treatment	○	○	○	○
Discussed and selected suturing techniques	○	○	○	○
Restorative techniques	○	○	○	○
Preparation of remains for viewing	○	○	○	○
Dressing	○	○	○	○
Cosmetizing	○	○	○	○
Casketing	○	○	○	○
Scheduling and observing the beautician, barber, or cosmetologist.	○	○	○	○

I certify the accuracy of the information recorded on this report.

Electronic Signature

I certify that this accurate reporting on the participation and progress of the above named apprentice for this case.

(Master) Electronic Signature